## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	VAL
(D) M	2226

OMB Number: 3235-0076

April 30, 2008 Expires:

Estimated average burden hours per response ...... 16.00

SEC USI	ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering( deck if this is an amendment and name has changed, and indicate change.)  Series A-1 Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE
A. BASIC IDENTIFICATION DATA	07079757
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) TVU networks corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1685 Plymouth St., Suite 100, Mountain View, CA 94043	Telephone Number (Including Area Code) 650/714-9040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Internet TV services	100 1 2007
Type of Business Organization  Corporation   limited partnership, already formed   other (plus business trust   limited partnership, to be formed	case specify)
Actual or Estimated Date of Incorporation or Organization:    Month   Year	
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notize must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given bel which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	<b>)</b> .
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required. A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sal ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. It this notice and must be completed.	curities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION-	
Failure to file notice in the appropriate states will not result in a loss of the federal excappropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

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			A. BASIC IDE	ENTIFICATION DAT	'A		
2. Enter the information re	equested for the fe	ollowing:				•	
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	suer has be	en organized v	vithin the past five yea	rs;		
Each beneficial own	er having the power	er to vote or	dispose, or din	ect the vote or disposition	on of, 10% or more of	a class	of equity securities of the issuer.
Each executive off	icer and director of	f corporate	issuers and of	corporate general and	managing partners of	partne	rship issuers; and
Each general and a	nanaging partner	of partners	ship issuers.				
Check Box(es) that Apply:	Promoter	⊠ Ben	eficial Owner	Executive Office	er 🛭 Director		General and/or Managing Partner
Full Name (Last name first, if Shen, Paul	individual)				.,,		
Business or Residence Address Plymouth St., Suite				ode)			
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner	Executive Office	cer Director		General and/or Managing Partner
Full Name (Last name first, Creager, Robert R.	if individual)						
Business or Residence Addr 1685 Plymouth St., Suite				ode)			
Check Box(es) that Apply:	Promoter	⊠ Ben	eficial Owner	Executive Offic	cer 🛭 Director		General and/or Managing Partner
Full Name (Last name first, Serra Venture Partners, L		ouse			<u></u>	,	
Business or Residence Addr 13186 La Cresta Et., Los	•		, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	⊠ Ben	eficial Owner	Executive Office	cer 🛛 Director		General and/or Managing Partner
Full Name (Last name first, Juwon, Inc./ Byung-Pyo	•						
Business or Residence Addr Suite 420 Sampoong Bld					,		
Check Box(es) that Apply:	Promoter	⊠ Ben	eficial Owner	Executive Office	cer Director		General and/or Managing Partner
Full Name (Last name first, Alec Hsu	if individual)						
Business or Residence Addr 1940 Webster Street, Pal			, State, Zip Co	ode)		•	
Check Box(es) that Apply:	Promoter	☐ Ben	eficial Owner	Executive Offi	cer Director		General and/or Managing Partner
Full Name (Last name first, Thomas C. DeFilipps	if individual) *						
Business or Residence Addr 650 Page Mill Road, Pale			y, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Ben	eficial Owner	Executive Office	cer Director		General and/or Managing Partner
Full Name (Last name first, Dan Lofgren	if individual)						
Business or Residence Addr 1685 Plymouth St., Suite				ode)			

		A. BASIC IDE	NTIFICATION DATA (	cont.)	
. Enter the information rec	quested for the f	ollowing:	· · · · · · · · · · · · · · · · · · ·		
Each promoter of the	e issuer, if the is:	suer has been organized w	ithin the past five years;		
Each beneficial owner	r having the pow	er to vote or dispose, or dire	ct the vote or disposition of	f, 10% or more of	a class of equity securities of the issuer.
Each executive offic	er and director o	f corporate issuers and of o	corporate general and man	aging partners of	partnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Residence Address 1685 Plymouth St., Suite 1			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Kap Shin	individual)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Business or Residence Addres 101 Montvale Road, West			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	,			
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last narre first, it	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				,
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		

	-				B. IN	FORMAT	ION ABOU	T OFFER	ING				
	••••		•		· · · · · · · · · · · · · · · · · · ·			•	*		-	Yes	No
1,	Has the	issuer sold,	or does the	issuer inte	nd to sell, t	o non-accre	dited invest	ors in this o	ffering?				$\boxtimes$
							mn 2, if filin	_					
2.	What is	the minimu	ım investme	ent that will	be accepte	d from any	individual?	•••••			•••••	\$ <u>n/a</u>	
												Yes	No l⊠
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> <li>Full Name (Last name first, if individual)</li> </ol>													
	`												
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nar	nc of As	sociated Bro	ker or Deal	er									
Stat	tes in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purc	chasers						
	(Che	ck "All Stat	es" or check	c individual	States)	· · · · · · · · · · · · · · · · · · ·						🗆 A	Il States
	AL IL MT RI	AK IN NE SC		AR KS NH	CA KY NJ TX		ME NY VT	MD NC VA	MA ND WA	FL M OH W	GA MN DK WI	MS OR WY	ID MO PA PR
Full Name (Last name first, if individual)													
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nar	ne of As	sociated Bro	oker or Deal	er									<del></del>
Stat	tes in Wi	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	chasers		•				
	(Che	ck "All Stat	es" or checl	c individual	States)							🗆 A	II States
	AL IL MT	IN NE SC	AZ IA VV SD	AR KS NH [N	CA KY NJ TX	CO LA NM IS	ME NY VT	MD NC VA	MA ND WA	FL MI OH	GA MN DK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name f	irst, if indiv	iđual)									
Bus	siness or	Residence A	Address (Nu	mber and S	street, City,	State, Zip	Code)						
Nar	me of As	sociated Bro	oker or Deal	ler									<del></del>
Sta		nich Person eck "All Stat				Solicit Purc	chasers					🗆 A	ll States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	ні	ID
	IL MT	IN NE	E V	KS NH	KY NJ	LA NM	Æ VY	MD	MA	M	SK SK	MS OR	MO PA
	RI	SC	SD	<u>ти</u>	ΥX	שו	VT	VA	WA	wv	wı	WY	PR

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.  Type of Security	Aggregate Offering Price		Αı	nount Already Sold
	•	J	٠ ـ		0.00
	Debt		_		
	Equity	4,000,000.00	- 3		,038,379.00
	☐ Common ☒ Preferred				
	Convertible Securities (including warrants)		_		0.00
	Partnership Interests\$		_		
	Other (Specify)\$		_		0.00
	Total\$	4,000,000.00	\$	_1	<u>,658,379.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number		D	Aggregate ollar Amount
		Investors		C	f Purchases
	Accredited Investors	20	_	\$_	1,658,379.00
	Non-accredited Investors	0	-	\$ _	0.00
	Total (for filings under Rule 504 only)		_	\$ _	
•	Answer also in Appendix, Column 4, if filing under ULOE.	•			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	; ;			
	Type of Offering	Type of Security		E	ollar Amount Sold
	Rule 505			\$	0.00
	Regulation A	·		\$	0.00
	Rule 504			\$	0.00
	Total			s	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•	•	
	Transfer Agent's Fees		] {	<b>\$</b> _	0.00
	Printing and Engraving Costs		] \$	\$_	0.00
	Legal Fees		3 1	s_	110,000.00
	Accounting Fees		] 5	s	0.00
	Engineering Fees		] {	<u> </u>	0.00
	Sales Commissions (specify finders' fees separately)		]	s	0.00
	Other Expenses (identify)		]	- 5	0.00
	Total		] {		110,000.00
				_	

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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each of the check the be proceeds to  Salaries and Purchase of Purchase, re and equipme Construction Acquisition offering that issuer pursu Repayment Working cap Other (special Column Total Column Tot	purposes shown. If to the left of the est the issuer set forth in the issuer set in the issuer set in execution of other businesses at may be used in execution to a merger)	the amount for a stimate. The total a response to Par a response t	ny purpose is not known, fof the payments listed must t C — Question 4.b above.  chinery  cilities	urnish an estimate a equal the adjusted gro	nd	Officers, birectors, & Affiliates  0.00 0.00 0.00	s_   s_   s_	0.00 0.00 0.00
Purchase of Purchase, re and equipme Construction Acquisition offering that issuer pursu Repayment Working cap Other (speci	f real estate	buildings and fa (including the va hange for the as:	chinery cilities	n this		Officers, birectors, & Affiliates  0.00 0.00 0.00	s_   s_   s_	0.00 0.00 0.00
Purchase of Purchase, re and equipme Construction Acquisition offering that issuer pursu Repayment Working cap Other (speci	f real estate	buildings and fa (including the va hange for the as:	chinery cilities	n this		0.00	□ s_ □ s_	0.00
Purchase, re and equipme Construction Acquisition offering that issuer pursu Repayment Working cap Other (special	ental or leasing and i ent	buildings and fa (including the va hange for the as	cilitieslue of securities involved i	n this	[] :	0.00	□ s_	0.00
and equipme Construction Acquisition offering that issuer pursu Repayment Working cap Other (speci	on or leasing of plant of other businesses at may be used in excuant to a merger) of indebtedness	buildings and fa (including the va hange for the as:	cilitieslue of securities involved i sets or securities of another	n this	🗆 :	•		0.00
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Acquisition offering that issuer pursu Repayment Working cap Other (special Column Total	of other businesses at may be used in excurant to a merger) of indebtedness	(including the va	llue of securities involved i sets or securities of another	n this	🗆 :			
issuer pursu Repayment Working cap Other (speci	uant to a merger) of indebtedness  pital  cify):							
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Total Payme	ents Listed (column	totals added)		•••••		⊠ \$_1	<u>,548,379.</u>	<u>00</u>
			D. FEDERAL SIGNA	TURE				
signature constitu	tutes an undertaking b	y the issuer to fu	the undersigned duly authorize traish to the U.S. Securities tredited investor pursuant to	and Exchange Comm	nission	, upon writter	le 505, th n request	e following of its staff,
Issuer (Print or	Туре)		Signature		Dat	e		
TVU networks	corporation		Monas (D	Cherry	Oct	ober 4, 2007		
Name of Signer	(Print or Type)		Title of Signer (Print or	Type				
Thomas C. DeF	Filipps		Assistant Secretary					

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		A. BASIC IDE	NITFICATION DATA			
<ul><li>Each beneficial own</li><li>Each executive off</li></ul>	the issuer, if the is ner having the pow- icer and director o	suer has been organized w	ect the vote or disposition of			of equity securities of the issuer.
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if Shen, Paul	individual)					****
Business or Residence Addr 1685 Plymouth St., Suite			de)		<del> </del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Creager, Robert R.	if individual)					*
Business or Residence Addr 1685 Plymouth St., Suite			de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, Serra Venture Partners, L		ouse			<del></del>	
Business or Residence Addr 13186 La Cresta Dr., Los	•		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Juwon, Inc./ Byung-Pyo						
Business or Residence Addr Suite 420 Sampoong Bld						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Alec Hsu	if individual)					
Business or Residence Addr 1940 Webster Street, Pal	•		de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Thomas C. DeFilipps	if individual) *					•
Business or Residence Addr 650 Page Mill Road, Palo	-	- · · · · · · · · · · · · · · · · · · ·	de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Dan Lofgren	if individual)					
Business or Residence Addr 1685 Plymouth St., Suite			de)			

#### A. BASIC IDENTIFICATION DATA (cont.) Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Jay Shen Business or Residence Address (Number and Street, City, State, Zip Code) 1685 Plymouth St., Suite 100, Mountain View, CA 94043 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Kap Shin Business or Residence Address (Number and Street, City, State, Zip Code) 101 Montvale Road, Weston, MA 02493 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Promoter Beneficial Owner ☐ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. IN	FORMAT	ION ABOU	JT OFFER	ING	•			
								····				Yes	No
1.	Has the	issuer sold	l, or does the	e issuer inte	nd to sell, t	o non-accre	dited invest	ors in this o	offering?				$\boxtimes$
				Answer a	lso in App	endix, Colu	mn 2, if filir	ng under UI	.OE.				
2.	What is	the minim	um investm	ent that wil	l be accepte	d from any	individual?					\$ <u>n/a</u>	
												Yes	No
3.	Does th	ne offering p	permit joint	ownership	of a single	unit?		***************************************					$\boxtimes$
4.										ly or indired rities in the			
	If a per	son to be li	sted is an as	sociated pe	rson or age	nt of a brok	er or dealer	registered v	with the SE	C and/or wit	h a state		
			ame of the by you may se						l are associ	ated persons	s of such		
Full			first, if indiv		inormation.	ioi uiui oio	ner or deare	. 0,.					
		Last name .				··· - ·· · - · · - · · - · · - · · - · · - · · · - · · · - ·							
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nan	ne of As	sociated Br	oker or Dea	ler									
Stat	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Che	ck "All Sta	tes" or checl	k individual	States)							🗆 🗸	All States
	AL	Ak.	AZ	AR	CA	co ·	CT	DE	DC}	FL	GA	HI	ID
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Full Name (Last name first, if individual)													
Bus	iness or	Residence A	Address (Nu	imber and S	Street, City,	State, Zip (	Code)						·
Nan	ne of As	sociated Br	oker or Dea	ler									
Stat	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Che	eck "All Stat	tes" or checl	k individual	States)							🗆 /	All States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GΑ	HI	ID
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	MT	NE	₩     	NH	ГИ	NM	NY	NC	ND	ОН	БК	OR	PA
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Full	Name (	Last name f	first, if indiv	idual)									
Bus	iness or	Residence A	Address (Nu	imber and S	Street, City,	State, Zip (	Code)						•,
Nan	ne of As	sociated Bro	oker or Dea	ler									
Stat	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
			tes" or check	_	_								All States
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	IL	IN	ΙA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	٧V	NH	NJ	NM	NY	NC	ND	ОН	οκ	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	wı	WY	PR

(	Use blank sheet,	or c	ору	and u	ıse	additional	copies	of t	his	sheet,	as	neces	sary	7.)	)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$	0.00	\$	0.00
	Equity\$	4,000,000.00	\$	1,658,379.00
	☐ Common ☒ Preferred			
	Convertible Securities (including warrants)	0.00	\$.	0.00
	Partnership Interests\$	0.00	\$	0.00
	Other (Specify)\$	0.00	\$.	0.00
	Total\$	4,000,000.00	\$	1,658,379.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregata
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	20	5	1,658,379.00
	Non-accredited Investors	0	5	0.00
	Total (for filings under Rule 504 only)		\$	S
	Answer also in Appendix, Column 4, if filing under ULOE.	•		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		5	0.00
	Regulation A		\$	0.00
	Rule 504		\$	0.00
	Total	0	5	<u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	🖂	\$	110,000.00
	Accounting Fees		\$	0.00
	Engineering Fees		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify)		\$	0.00
	Total	واختج	\$	110,000.00

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L		UMBER OF INVESTORS, EXPENSES AND US				
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C					•
	proceeds to the issuer."	-	-		<u>\$_1</u>	,548,379.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.					
	•		Off	ents to icers, ors, & ates	P	ayments to Others
	Salaries and fees	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🔲 \$	0.00	□ \$	0.00
	Purchase of real estate			0.00	Пs	0.00
	Purchase, rental or leasing and installation of n	nachinery	<del></del>			
	and equipment		🔲 \$	0.00	□ \$	0.00
	Construction or leasing of plant buildings and	facilities	🗆 s	0.00		0.00
	Acquisition of other businesses (including the offering that may be used in exchange for the a	ssets or securities of another		0.00		0.00
	issuer pursuant to a merger)					0.00
	Working capital					1,548,379.00
	Other (specify):					0.00
	omer (speeny).				Ψ,	
				0.00	□ \$.	0.00
	Column Totals		🗆 <b>s</b>	0	<b>⊠</b> \$.	1,548,379.00
	Total Payments Listed (column totals added)			. \$ 1,548,379.00		
[		D. FEDERAL SIGNATURE				<del></del>
sig	issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-ac	furnish to the U.S. Securities and Exchange C	ommission, upo	ınder Rul on written	e 505, reque	the following st of its staff,
Issuer (Print or Type) Signature		Signature	Date			
TVU networks corporation		Marion October	October	4, 2007		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		,		
Th	omas C. DeFilipps	Assistant Secretary				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

